

University, and has been listed prominently in Who's Who in Education in America, as well as in Who's Who in Black America. This is not to mention honors of distinction awarded by both Florida Governors BOB GRAHAM and the late Lawton Chiles, along with numerous accolades from local, state and national educational associations and community agencies.

Ever since I have known this indefatigable leader, Mrs. Eve has always been at the forefront of ensuring equality of opportunity for everyone in our community, be it in our schools or the various venues of employment. At the same time, her quiet but forceful advocacy in adhering to the tenets of equal treatment under the law not only in the halls of academia, but also in every segment of government agency has now become legendary.

Known for her sterling and resilient commitment to academic excellence and personal responsibility, she has served as the pioneering Black administrator of many public schools in my community. In fact, countless parents and their children have been genuinely touched by her virtual consecration to the success of their families.

The acumen of her intelligence and the guidance of her common sense, enlightened by a deep devotion to her Christian faith, has forged wonderful school programs and activities benefiting our children, many of whom have now turned out to be productive and responsible members of our community. What I admire most about this wonderful lady is her thorough understanding of and sensitivity to the various voices that represent the diverse ethnic and racial groups that together compose the virtual mosaic amalgamation that is known as Miami-Dade County.

Her undaunted efforts in her work in education and her zeal in religiously living her faith have shaped and formed her lifelong agenda. Mrs. Christina Eve truly exemplifies a unique leadership whose courageous vision and quiet wisdom on behalf of our children appeal to our noblest character as a nation.

Accordingly, Mr. Speaker, the dedication of the Christina Eve Elementary School in Miami-Dade County buttresses the noble legacy she now bequeaths to us as a superlative educator and community leader.

MONUMENT FOR POLISH ARMY OFFICERS MASSACRED IN 1940

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 10, 2000

Mr. CARDIN. Mr. Speaker, on Nov. 19, 2000 the National Katyn Memorial Committee will dedicate a monument in Baltimore, Maryland to the memory of more than 15,000 Polish Army officers who were massacred by Soviet soldiers in the spring of 1940.

In September, I was honored to accept an award on behalf of Congress presented by Father Zdislaw J. Peszkowski, a survivor of the massacre. The medal was presented on behalf of the Katyn families in recognition of U.S. congressional hearings conducted in 1951 and 1952 that focused world attention on this

World War II massacre that occurred in the Katyn Forest.

While this massacre occurred more than 50 years ago, it is important that we remember what happened. In 1939, Nazi Germany invaded Poland from the west and the Soviet Union invaded from the east. In 1940, more than 15,000 Polish Army officers were placed in detention, then taken in small groups, told they would be freed and then were gunned down in the Soviet Union's Katyn Forest. In 1943, the Germany Army discovered the mass graves, which the Russians tried to blame on the Germans. It was long suspected that the massacre was the work of the Soviets. Final proof came in 1989, after the fall of the Soviet Union, when President Gorbachev released documents that clearly proved the Soviets, with the full knowledge of Stalin, had carried out the massacre.

For more than a decade, the Polish-American community has raised funds to construct a fitting memorial to honor the victims of the massacre. The 44-foot statue has been permanently installed near Baltimore's Inner Harbor at President and Aliceanna Streets. I want to commend the Polish-American community and Alfred Wisniewski, Chairman of the National Katyn Memorial Committee, and the entire committee, for their tireless efforts in making this memorial to the victims of this atrocity a reality.

I urge my colleagues to join me in paying tribute to the memory of these murdered Polish Army officers. The Katyn Memorial in Baltimore will be a lasting reminder to all of us that we must never tolerate evil and tyranny and that we must continue to speak out for justice and tolerance.

MEDICARE MENTAL ILLNESS NON- DISCRIMINATION ACT

HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 10, 2000

Mrs. ROUKEMA. Mr. Speaker, I am today introducing the Medicare Mental Illness Non-Discrimination Act, legislation to end the historic discrimination against Medicare beneficiaries seeking outpatient treatment for mental illness. Under the current Medicare statute, patients are required to pay a 20 percent copayment for Part B services. However, the 20 percent copayment is not the standard for outpatient psychotherapy services. For these services, Section 1833(c) of the Social Security Act requires patients to pay an effective discriminatory copayment of 50 percent.

Let me say this again: If a Medicare patient has an office visit to an endocrinologist for treatment for diabetes, or an oncologist for cancer treatment, or a cardiologist for heart disease, or an internist for the flu, the copayment is 20 percent. But if a Medicare patient has an office visit to a psychiatrist or other physician for treatment for major depression, bipolar disorder, schizophrenia, or any other illness diagnosed as a mental illness, the copayment for the outpatient visit for treatment of the mental illness is 50 percent. The same discriminatory copayment is applied to quali-

fied services by a clinical psychologist or clinical social worker. This is quite simply discrimination. It is time for Congress to say "enough."

Last year, U.S. Surgeon General David Satcher, M.D., Ph.D. released a landmark study on mental illness in this country. The Surgeon General's report is an extraordinary document that details the depth and breadth of mental illness in this country. According to Dr. Satcher, "mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer." The burden of mental illness on patients and their families is considerable. The World Health Organization report that mental illness including suicide ranks second only to heart disease in the burden of disease measured by "disability adjusted life year."

The impact of mental illness on older adults is considerable. Prevalence in this population of mental disorders of all types is substantial. 8 to 20 percent of older adults in the community and up to 37 percent in primary care settings experience symptoms of depression, while as many as one in two new residents of nursing facilities are at risk of depression. Older people have the highest rate of suicide in the country, and the risk of suicide increases with age. Americans age 85 years and up have a suicide rate of 65 per 100,000. Older white males, for example, are six times more likely to commit suicide than the rest of the population. There is a clear correlation of major depression and suicide: 60 to 75 percent of suicides of patients 75 and older have diagnosable depression. Put another way, untreated depression among the elderly substantially increases the risk of death by suicide.

Mental disorders of the aging are not, of course, limited to major depression with risk of suicide. The elderly suffer from a wide range of disorders including declines in cognitive functioning, Alzheimer's disease (affecting 8 to 15 percent of those over 65) and other dementias, anxiety disorders (affecting 11.4 percent of adults over 55), schizophrenia, bipolar disorder, and alcohol and substance use disorders. Some 3 to 9 percent of older adults can be characterized as heavy drinkers (12 to 21 drinks per week). While illicit drug use among this population is relatively low, there is substantial increased risk of improper use of prescription medication and side effects of polypharmacy.

While we tend to think of Medicare as a "senior citizen's health insurance program," there are substantial numbers of disabled individuals who qualify for Medicare by virtue of their long-term disability. Of those, the National Alliance for the Mentally Ill reports that some 400,000 non-elderly disabled Medicare beneficiaries become eligible by virtue of mental disorders. These are typically individuals with the severe and persistent mental illnesses, such as schizophrenia.

Regardless of the age of the patient and the specific mental disorder diagnosed, it is absolutely clear that mental illness in the Medicare population causes substantial hardships, both economically and in terms of the consequences of the illness itself. As Dr. Satcher puts it, "mental illnesses exact a staggering toll on millions of individuals, as well as on